

Case Number:	CM15-0011851		
Date Assigned:	01/29/2015	Date of Injury:	09/10/2013
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Nevada, California
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old male who reported an injury on 09/10/2013, due to an unspecified mechanism of injury. On 12/10/2014, he presented for a followup evaluation regarding his work related injury. He reported pain to the back side of the left wrist, the inability to twist the left wrist and forearm, limited strength of the upper extremity and dropping objects of the left hand. A physical examination showed positive median nerve compression test and Tinel's sign; he was unable to accurately complete Phalen's test on the left side, and he had decreased sensation to the median nerve distribution and over the nerve distribution with Tinel's sign positive Guyon's canal. It was also stated that he was having nocturnal symptoms and had a decreased 2 point discrimination. It was recommended that he undergo surgery to address his complaints. The treatment plan was for a preoperative H&P. The rationale for treatment was to evaluate the injured worker prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Preoperative H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: According to the Official Disability Guidelines, preoperative testing should be performed when there is evidence that the injured worker has comorbidities or underlying health risks. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left upper extremity. Assuming that he is undergoing surgery, the requested preoperative history and physical would not be supported. There is a lack of documentation indicated that the injured worker has any significant comorbidities or underlying health risks, including the risk for complications during surgery. Therefore, the request is not supported. As such, the request is not medically necessary.